MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION. (For Donations, use Section B)

Account Name	No Fina	ancial Im	nact							
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Account Number						- 		Destruct		Desirat
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. Item Currently Not Bud	geted -**				· · · · · ·					
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Funding Source Account Name	geted -**									
Funding Source	geted -**		Function		Object	Cost	Center	Project	t Suk	o Project
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Funding Source Account Name Account Number Amount Funding Source Account Name	Fund		Function		Object		Center	Project		o Project

^{**} WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**